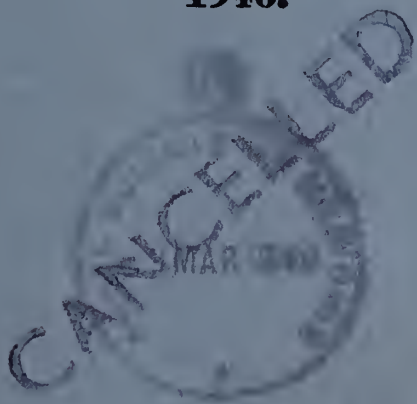




Berkshire Education Committee.

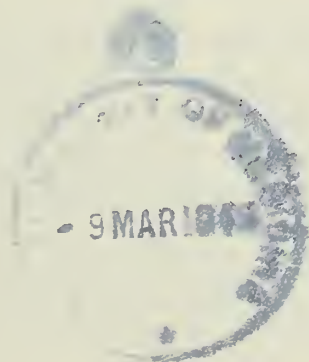
REPORT
of the
SCHOOL MEDICAL OFFICER
for the Year
1946.





Berkshire Education Committee.

REPORT
of the
SCHOOL MEDICAL OFFICER
for the Year
1946.



School Health Department,
11, Abbot's Walk,
Reading.

*To the Chairman and Members of the
Berkshire Education Committee :*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present a report on the work of the School Health Service for the year 1946.

The County, at the commencement of the year, suffered a loss in the retirement of Dr. A. Richmond, my predecessor, who for many years had been first, County Tuberculosis Officer, and later, County and School Medical Officer.

During the year all the professional and clerical staff returned to duty after war service.

Some progress has been made in fulfilling the requirements of the Education Act, 1944, by extending the School Health Service, but future developments will depend, largely, upon the appointment of additional professional staff.

Special School accommodation is, undoubtedly, the other main difficulty of the School Health Service, and the great shortage thereof is seriously handicapping the Service's proper and full expansion. This is a difficulty not confined to this County alone.

The year 1946 saw the establishment of the scheme of payment to hospitals for treatment of school children, as required by the Minister of Education under Circular 102.

Free Milk for all school children was also introduced during the year, as required by Circulars 96 and 119, and it will, I firmly believe, play a large part in the maintenance of the healthy condition of the children of the County.

Figures are given this year, for the first time, of the work done at the Berkshire Child Guidance Clinics (*see page 15*). The work carried out is extremely valuable, particularly in view of the present prevalence of maladjustment to life in children.

Mention should, I think, be made of the high nutritional state of the school children in Berkshire after six years of war. From the figures published in the report (*see page 7*) it will be noted that the standard has improved.

A special survey was made, during the year, by the Assistant School Medical Officers to ascertain the numbers and types of handicapped children in accordance with instructions from the Minister, and I wish to acknowledge the ready co-operation of Head Teachers in this matter. The results are tabulated in the body of the report (*see page 14*).

Nursery Schools are now included in the work of the School Health Service and the medical examination of children in these schools forms an important part of the Service. Treatment is available for all children in attendance.

The return of evacuated children to London began in 1945, and the Evacuation Scheme came to an official end on the 31st March, 1946.

This publication includes an interesting report by the now Senior School Dental Officer, Mr. O. Jacob.

Finally, I should like to express my appreciation of the work of the staff of the School Medical Department, both professional and clerical, and the co-operation of teachers and the various bodies associated with the School Health Service, and I should like to acknowledge the ready co-operation that I have received at all times from the Committee and from the Director of Education and his staff.

I am,

Your obedient Servant,

E. C. H. HUDDY,
School Medical Officer.

1st November, 1948.

Staff of School Medical Service, 1946.

School Medical Officer.

A. RICHMOND, M.C., M.B., Ch.B., D.P.H. (retired 31.3.46).
 E. C. H. HUDDY, M.D., B.S., D.P.H. (commenced 28.8.46).

Assistant School Medical Officers.

H. M. AGNEW, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
 L. BENNETT, M.R.C.S., L.R.C.P., D.P.H. (resigned 28.2.46).
 R. D. FIDLER, M.R.C.S., L.R.C.P. (resigned 1.9.46).
 D. L. V. FRASER, M.R.C.S., L.R.C.P., D.A.
 N. W. HOLLOWAY, M.R.C.S., L.R.C.P. (part-time).
 A. D. CROFTS, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (part-time) (died 7.7.46).
 W. B. MOORE, M.B., Ch.B., D.P.H. (part-time).
 E. M. BELL, M.B., Ch.B., D.P.H. (part-time).
 A. G. LEGGAT, M.B., Ch.B., D.P.H. (part-time).
 W. F. WAUDBY-SMITH, M.R.C.S., L.R.C.P. (returned from War Service,
 1.1.46).

School Dental Officers.

MISS E. M. S. SCANLAN, L.D.S.
 MISS S. S. GRANDISON, L.D.S.
 O. JACOB, L.D.S.
 C. F. W. MOXLEY, L.D.S.
 H. TRELEAVEN, L.D.S. (part-time).
 MISS E. M. CURRIE, L.D.S.
 MISS M. E. C. LEE, L.D.S., St.A. (part-time).

Ophthalmic Surgeons (part-time).

A. C. L. HOULTON, M.B., B.Ch.
 R. C. WILLIAMS, M.R.C.S., L.R.C.P.

School Nurses.

MISS C. WILSON	MISS O. A. UNDERWOOD (part-time)
MISS C. E. WELLS	MISS E. S. WYLY (part-time)
MISS A. WEBBER	MISS R. G. TREMAINE (part-time)
MISS C. HART	MISS K. W. TAYLOR (part-time)
MISS S. GIBBS	MISS R. L. D. SULLIVAN (part-time)

School Dental Attendants.

MISS P. ELTON	MISS K. WALTERS
MRS. E. LORENC (resigned 31.8.46)	MISS M. NORMAN
MISS G. A. McNICOL	MISS A. ADEY (part-time)
MISS J. TYTE (commenced 9.9.46)	

BERKSHIRE EDUCATION COMMITTEE.

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1946.

AREA AND POPULATION.

The area controlled by the Berkshire Education Authority comprises the whole of the Geographical County of Berkshire, excluding the County Borough of Reading.

The Registrar-General estimates the civilian population of the area as 214,304.

There are 260 schools under the jurisdiction of the Berkshire Education Authority ; of these, 8 are Nursery Schools, 240 are Primary and Secondary Modern, and 12 are Secondary Grammar Schools.

The number of children on the school rolls was 29,673 ; of these, 266 were at Nursery Schools, 25,747 at Primary and Secondary Modern, and 3,660 at Secondary Grammar Schools.

STAFF.

A number of changes in staff occurred during 1946. Dr. A. Richmond retired in March, after thirty-two years' service, and his place was taken by myself at the end of August ; Dr. D. Kemp having been Acting School Medical Officer in the interval.

HYGIENIC CONDITION OF SCHOOLS.

The usual survey of the hygienic condition of school buildings was made during the year.

For this purpose it is the practice of the Assistant School Medical Officers to make their investigations, for the discovery of defects, at the time of periodic medical inspection.

Detailed reports are submitted to the School Medical Officer on prescribed forms, in order to secure uniformity and to ensure the inclusion of all essential details, and all defects are promptly reported to the Education Authority.

CO-ORDINATION.

Co-ordination between the various branches of the public health services is ensured by the appointment of the same individual to the posts of School Medical Officer and County Medical Officer.

The closest co-operation is maintained between the infant welfare and the school medical services. In most cases the School Nurses are also Health Visitors. The obvious advantage of this arrangement is that it provides a means whereby children are supervised, by the same official, from birth until school-leaving age is attained. It also obviates the inconvenience caused by a different person having to take over supervision at a time when her predecessor, and the family in question, should be appreciating the other's point of view. Additionally, in an age of increasing welfare legislation, every opportunity, consistent with efficiency, must be taken to avoid, so far as possible, the visitation of any household by a multiplicity of officials. Increased use has been made of the arrangement between Maternity and Child Welfare and Education Committees respectively whereby children under the age of five years, not in attendance at maintained schools, are permitted to receive treatment at all school clinics.

A full collaboration in the investigation and control of outbreaks of infectious disease occurring in schools has been maintained between this department and the District Medical Officers of Health.

The Tuberculosis Officer examines and, when necessary, arranges for the treatment of all children suspected to be suffering from tuberculous diseases who have been referred to him by the Assistant School Medical Officers.

Particulars of co-operation with teachers, attendance officers, parents, and voluntary bodies are mentioned at a later stage of this report.

MEDICAL INSPECTION.

Medical inspection of the following age groups was made during the year :—

- | | | | |
|---------------|-----|-----|--|
| Entrants | ... | ... | i.e., all children who entered school since the date of the last medical inspection at such school, and who had not been previously inspected. |
| Intermediates | ... | ... | i.e., all children who attained the age of eight years since the date of the last inspection and who had not been previously inspected in this group. |
| Leavers | ... | ... | i.e., all children who had attained the age of twelve years since the date of the last inspection, and those over the age of thirteen years who had not been examined after attaining the age of twelve years. |

In addition, all new admissions from other schools and " specials " (i.e., all children found to be abnormal at a previous medical inspection or referred for examination, on account of suspected defects, by teachers, parents, school attendance officers, etc.) were medically examined.

Medical inspections are generally carried out on school premises. In those rural schools where there is no special medical inspection room, although disturbance is avoided as much as possible, some interference with the ordinary routine is inevitable ; nevertheless Head Teachers are extremely co-operative.

The findings of medical inspection are recorded on schedules which are filed in the School Medical Officer's Department. The health records of any child are thus readily available for the use of Assistant School Medical Officers; both they and the School Nurses regularly report to the School Medical Officer and opportunity is afforded for the discussion of any special difficulties.

EMPLOYMENT OF SCHOOL CHILDREN.

Applications for "employment certificates" were made on behalf of 323 children. No child was refused a certificate on medical grounds and no instance of injury to health, reasonably attributable to employment, was reported.

The following is a table showing the number of children, who were employed, classified into the various occupations :—

Agricultural and Horticultural Work ...	...	9
Bread Delivery ...	...	2
Domestic Work ...	...	14
Errands ...	...	50
Messenger ...	...	2
Milk Delivery ...	...	4
Miscellaneous ...	...	8
Newspaper Delivery ...	...	226
Shop Assistant ...	...	2
Telegrams ...	...	5
Wood Delivery ...	...	1

FINDINGS OF MEDICAL INSPECTION AND ARRANGEMENTS FOR TREATMENT.

NUTRITION.

The nutritional state of all children at periodic school inspection was assessed by the Assistant School Medical Officers and a summary of their findings, classified into four groups, viz., excellent, normal, slightly sub-normal, and bad, is tabulated below :—

	1946.		1945.		1939.	
	No.	%	No.	%	No.	%
Group A (excellent) ...	2,165	18·2	2,368	18·3	258	6·02
Group B (normal) ...	8,072	67·9	8,491	65·8	3,556	83·08
Group C (slightly sub-normal) ...	1,502	12·6	1,873	14·5	465	10·86
Group D (bad) ...	137	1·1	194	1·4	1	·02

These results, similar to those of the previous year, show that the standard of nutrition in the County, taken as a whole, was satisfactory.

On comparison with the figures for 1939, it will be noted that there was a considerable rise in the percentage for Group A and a slight drop in those for Group B.

It is well to remember, when considering these figures, that the method of assessment is clinical and, therefore, liable to variation according to the impressions of individual examiners.

The Assistant School Medical Officers, in estimating the state of nutrition of children, have to base their opinions on such factors as general appearance, muscular development, the amount of fat covering the muscular and skeletal tissues, together with reports on the child's interest and progress in school work and activity in games.

It must be remembered, in considering the aetiology of malnutrition, that such factors as home circumstances, insufficient hours of sleep, lack of parental control, hurried meals, and unsuitable food, are not without significance.

MILK IN SCHOOLS.

Free milk was supplied by the Education Committee to all school children as from the 8th August, 1946, in accordance with the new regulations of the Minister of Education, and an average of 24,871 children were supplied daily during the year. Graded milk is recommended but, at the present time, it is not possible to obtain it for all the schools. Enquiries are made of the suppliers of ordinary milk as to their methods of production.

SCHOOL DINNERS.

The Education Committee has enlarged the facilities for the provision of meals in schools. Children were provided with meals during the year as follows :—

17,195 Dinners (1,359 free).

The meals supplied at schools are of good quality and, generally, appreciated by teachers and children.

UNCLEANLINESS.

The School Nurses made 60,550 examinations for the detection of uncleanness, and 1,439 children were found to be unclean ; 504 of these were excluded from school for a short period. No record is available as to the number of children who presented themselves at school in a dirty condition and were required to wash at once (*vide* Sec. 126, Regulations and Instructions to Managers and Teachers of Public Elementary Schools, Berkshire Education Committee).

The homes of all excluded children were visited by School Nurses to instruct parents in regard to the most suitable methods of cleansing but only a few children needed repeated supervision. It was found that uncleanness was more prevalent at the commencement of school terms. The general standard of cleanliness was satisfactory.

Judging from the number of requests received for a visit from the School Nurse, it would appear that the large majority of the Head Teachers in the County area are exercising unceasing vigilance in their efforts to prevent uncleanness amongst their pupils.

MINOR AILMENTS AND DISEASES OF THE SKIN.

There are now three minor ailments clinics in the boroughs of Maidenhead, Newbury, and New Windsor. A total of 4,173 children were treated at these clinics.

Facilities for treatment of these conditions by general medical practitioners, at the out-patient departments of hospitals, and by either District or School Nurses, are available for children living outside these boroughs.

The incidence of skin disease was similar to that of previous years. 554 cases of impetigo and 205 of scabies received treatment from either School or District Nurses, under the provisions of the Education Authority's scheme.

Ringworm of the scalp was not prevalent and only 5 cases needed X-ray therapy under the Education Authority's scheme.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

All children discovered at routine medical inspection to be suffering from either visual defects or external eye disease are referred, for further examination and treatment, to one of the Education Authority's part-time ophthalmic surgeons. In addition, the ophthalmic surgeons re-examine, when necessary, any case which has previously received treatment at an eye clinic. Cases of myopia, mixed astigmatism, and strabismus are thus re-examined at intervals.

A School Nurse visits all cases prior to refraction to ensure that adequate mydriasis is produced by the efficient use of atropine ointment.

During 1946 eye clinic sessions were held at 15 centres in the County area. The following table summarises the work of these centres :—

Number of children examined or re-examined	...	...	2,208
Number of children recommended to obtain, and supplied with, spectacles	...	...	923

During the year increased use was made of the orthoptic clinics, where special treatment for cases of squint is provided.

Table showing number of cases and attendances made at the orthoptic clinics :—

Centre.	Number of Children treated.	Number of attendances.
The Oxford Eye Hospital, Oxford ...	122	751
The Royal Berkshire Hospital, Reading ...	40	218

Only those cases of squint recommended for treatment by one of the ophthalmic surgeons are eligible to attend these centres.

To assist in defraying the expenses of orthoptic clinics at hospitals, the Education Authority pays 2/- in respect of each attendance of an approved case. No fees are recovered from parents and travelling expenses are allowed in necessitous cases.

Spectacles were supplied free, except in those cases where frames, other than nickel, were required by the parents. Damaged spectacles were repaired. The distribution of new and repaired spectacles was undertaken by the School Nurses in order to ensure a satisfactory fit.

DIPHTHERIA IMMUNISATION.

During the year requests for children to be immunised have been received from parents who refused previously or were unable to attend at the time when immunisation was carried out.

There were 244 clinics held in the County during the year.

The number of new cases, whose immunisation was completed, was 2,070, and reinforcing doses were given in a further 357 cases.

The school children represented 81·83% of the total number of children immunised.

NOSE AND THROAT DEFECTS.

Operative treatment of diseased tonsils and adenoids was carried out at the following hospitals :—

The Hospital, Abingdon.
 The District Hospital, Newbury.
 The Radcliffe Infirmary, Oxford.
 The Royal Berkshire Hospital, Reading.
 The Hospital, Savernake.
 The District Hospital, Wallingford.
 The Cottage Hospital, Wantage.
 The King Edward VII Hospital, Windsor.

The Education Authority pays these hospitals, in respect of each child treated, in accordance with the provisions of Circular 102.

During the year 373 children received operative treatment under the provisions of the scheme.

EAR DISEASE AND DEFECTIVE HEARING.

All known cases of ear disease were visited by the School Nurses ; parents of all children suffering from ear diseases were strongly urged to seek treatment. In most instances this was obtained, with satisfactory results, from either general medical practitioners or at the special clinics of general hospitals.

One new case was admitted to a Special School for Deaf and Dumb, making the total in such schools 15.

HEART DISEASE.

All children who were discovered to be suffering from heart defects, which did not prevent attendance at school, were supervised by the Assistant School Medical Officers ; whilst those who were unable to attend school were visited in their homes.

Two cases were admitted, for short periods, to Heart Homes during the year.

TUBERCULOSIS.

All children suspected by the Assistant School Medical Officers to be suffering from tuberculosis are referred for examination to the Tuberculosis Officer.

There were 18 cases of pulmonary tuberculosis amongst school children ; 16 of these were admitted to Peppard Sanatorium and 2 to other institutions.

In the case of non-pulmonary tuberculosis, 6 children were admitted to the Wingfield-Morris Orthopaedic Hospital, Headington, Oxford, and 37 to other institutions.

ORTHOPAEDIC DEFECTS.

Clinics managed by local voluntary committees are held at the following centres :—

<i>Day.</i>	<i>Place.</i>					<i>Time.</i>	
Monday	...	Henley	...	...	...	2 p.m.	Fortnightly (2nd and 4th Monday)
		Radcliffe Infirmary, Oxford					Weekly
		Wallingford	...	...	...	2 p.m.	Fortnightly (1st and 3rd Monday)
		Wantage	...	...	...	2.30 p.m.	Weekly
Tuesday	...	Newbury	...	...	...	11 a.m.	„
		Windsor	...	...	...	10 a.m.	„
Wednesday	...	Radcliffe Infirmary, Oxford					10.30 a.m. „
Friday	...	Maidenhead	...	...	...	2 p.m.	„
		Reading	...	...	...	12 noon	„
		Wokingham	...	...	...	2 p.m.	„

The staff of the Wingfield-Morris Orthopaedic Hospital, Headington, is entirely responsible for the treatment, both in hospital and at the orthopaedic clinics, of all children referred to them on account of crippling defects. The staff is assisted at the clinics by voluntary workers who undertake nursing and clerical duties.

Cases requiring in-patient treatment are usually admitted to either the Wingfield-Morris or Cold Ash Hospitals. The Education Authority pays the maintenance charges of each child receiving in-patient treatment, provided their approval has been obtained prior to the child's admission to hospital. The Education Authority also makes an annual grant to assist in defraying expenses of the clinics.

During the year 32 children were admitted to the Wingfield-Morris and Cold Ash Hospitals and 108 cases of minor defects were referred for treatment to the orthopaedic clinics. The Education Authority, in addition, accepted financial responsibility for treatment of the following numbers of cases at the hospitals mentioned below :—

Lord Mayor Treloar's Cripples' Hospital, Alton	...	...	1
National Children's Home, Chipping Norton	...	...	1
Rob Roy Residential School, Speldhurst	...	...	1
St. Loye's College, Exeter	...	...	1
St. Vincent's Orthopaedic Hospital, North Wood Hills, near Pinner	...	...	1
Torbay Hospital, Torquay	...	...	1

INFECTIOUS DISEASES.

In accordance with the instructions contained in Administrative Memorandum No. 116, dated 14th December, 1945, certificates, where the attendance at a school fell below 60% owing to the prevalence of infectious disease, are not now required.

Head teachers notify to the School Medical Officer all known cases of infectious disease, together with the names of all contacts excluded from school. Copies of these particulars are forwarded to the District Medical Officers of Health.

Frequent visits were made both by Assistant School Medical Officers and School Nurses to schools where infectious diseases were prevalent.

School Nurses visited the homes of absentees and, when any child with infectious disease was discovered, gave advice in regard to both isolation and the necessity for securing medical attention.

DENTAL DEFECTS.

Report of the Senior School Dental Officer.

During the year 27,009 children were seen by the Dental Officers at the routine school inspections. Of this number, 15,005 required treatment and, at December 31st, 1946, 7,875 had received or were receiving treatment.

The percentage of children treated was 52.48 of those requiring it, as against 54.64 for the previous year.

Treatment is given at centres readily accessible to the majority of the children, although this often entails treating them under conditions which are very far from ideal. This emphasises the fact that a certain number of fixed clinics are essential for the efficient working of the dental scheme.

Dental clinics were held at 110 centres in the County.

A large number of centres is essential for any dental scheme in a rural county, for parents and children will not travel any great distance to reach a clinic. It is commonly found that the acceptance rate varies inversely with the distance children have to travel.

A detailed summary of the work of the Dental Officers is contained in Table 4 (see page 23) at the end of this report.

The work of the dental service has been maintained at its normal level, though the number of children per dental officer is too high.

There appears to be considerable improvement in the dental state of the 5-6 year old group who, before the war, frequently required extensive radical treatment. This is, I think, a tribute to the care taken to ensure that the Under Fives received such extra milk and food as was possible during the war years.

So far it has not been found practicable to do conservative work on deciduous teeth, emphasis having been laid on rendering the permanent dentition fit. As the staff increases, however, so will the number of deciduous teeth conserved.

GAS CLINICS.

At present such clinics are only held where there are fixed clinics, namely, at Maidenhead, Newbury, and Windsor, as it is felt that it is not desirable to hold gas clinics in the majority of the places where treatment is carried out.

A specialist Medical Officer administers the general anaesthetic.

DENTURES.

When a child has lost anterior teeth through an accident, or other cause, a denture is fitted. This is found to have a good propaganda effect, particularly with the parents.

ORTHODONTICS.

It is hoped to take on cases where the prognosis is good, but this will have to wait until the staff is increased and fixed clinics are established.

EMERGENCY TREATMENT.

A total of 14 children were also treated at the Reading Dental Service, under the scheme whereby this Service provides emergency treatment for urgent cases (extractions only), for whom it was impossible to offer immediate treatment at any of the County clinics.

DENTAL TREATMENT FOR MOTHERS, AND CHILDREN UNDER FIVE.

There are no routine inspections of children under five years of age, but cases are referred, by the Health Visitors, for advice and subsequent treatment.

Expectant and nursing mothers are, so far, only treated at two centres.

O. JACOB, L.D.S.

Senior School Dental Officer.

MENTALLY DEFECTIVE CHILDREN.

During the year 10 children were notified to the Local Authority for the purposes of the Mental Deficiency Acts, in accordance with the provisions of Section 57 (3) of the Education Act, 1944.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

Approximately 80 per cent. of children examined at school medical inspections are accompanied by parents. This is most satisfactory, as any necessary treatment is more likely to be obtained if opportunity is afforded for discussion between Assistant School Medical Officers and parents.

Teachers have, as in previous years, taken considerable trouble to ensure that arrangements for the inspection of children under their care work smoothly. In many schools the high rate of acceptance of dental treatment has been due to their efforts, and they have often been the means of persuading hesitant parents to seek adequate treatment on behalf of ailing children. This interest and assistance has been of the utmost value.

School Attendance Officers have again shown remarkable energy in discovering and reporting instances of children not in attendance at school, and they have also supplied this department with useful information concerning absentees suffering from infectious or other maladies.

The local inspectors of the N.S.P.C.C. have readily given assistance in cases of parental or other neglect and their co-operation in these distressing circumstances has been most useful.

SPEECH CLINIC.

During the year 88 children received treatment at the Speech Clinic in Maidenhead.

The following is a table showing the types of cases treated and the results up to 31st December, 1946 :—

Condition.	Number of Cases.	Discharged.				Left school or area.	Still receiving treatment.
		Normal	Improved	Unlikely to benefit from further treatment.			
				Greatly improved	Slightly improved		
Mouth Breathing ...	47	8	21	15	—	3	—
Speech Defect ...	29	9	3	—	2	—	15
Stammer ...	12	1	—	—	—	1	10
TOTALS ...	88	18	24	15	2	4	25

There are, also, 7 children who were being kept under observation owing to a tendency to stammer when younger.

All the cases who are discharged are re-examined periodically to ensure that improvement is maintained.

HANDICAPPED PUPILS.

An investigation was made during 1946 by the Assistant School Medical Officers to ascertain handicapped pupils in accordance with the Handicapped Pupils and Medical Services Regulations, 1945. The following table shows the results obtained :—

Defect.	Requiring Education in a Special School or Class.		
	Boys.	Girls.	Total.
(a) Blind ...	1	—	1
(b) Partially Blind ...	8	6	14
(c) Deaf ...	1	1	2
(d) Partially Deaf ...	7	7	14
(e) Delicate ...	21	6	27
(f) Diabetic ...	—	—	—
(g) Educationally Sub-Normal ...	355	181	536
(h) Epileptic ...	5	2	7
(i) Maladjusted ...	21	12	33
(j) Physically Handicapped ...	6	9	15
(k) Speech ...	34	13	47
(l) Multiple Defects ...	56	37	93
TOTALS ...	515	274	789

MALADJUSTED CHILDREN.

The Berkshire Child Guidance Clinics are administered by a voluntary committee and the Berkshire County Council pays an agreed amount according to usage and cost of upkeep of the clinics.

The following is a list of the staff at the clinics :—

Medical Director	...	...	...	Dr. W. Ogden.
Psychiatrists	...	...	...	{ Dr. M. E. Ward.
				{ Dr. L. Hutton.
Clinical Psychologist	...	...	...	Miss E. Townsend.
Educational Psychologist (part-time)				Mrs. M. F. Scott Blair.

The fixed clinics are situated at 27, Kidmore Road, Caversham, and St. Ive's Hotel, Maidenhead, with branch clinics at Windsor, Newbury, and Abingdon.

There are, also, three hostels in Berkshire, namely, Villa Cellini, Maidenhead ; Summerfield, Abingdon ; and 100, Osborne Road, Windsor.

The following table gives details of the Berkshire children referred to, and treated at, the Clinics :—

Number of Cases on Books at 1st April, 1946.	Number referred.	Total attendances.	Cases Closed :—						Still on Books at 31st March, 1947.
			After consultation only.	After advice and consultation only.	Adjusted.	Improved.	No Change.	Left District.	
61	139	1,179	76	9	8	23	6	7	71

It was found that, of the cases referred to the clinic, about 50% were suitable for treatment and that, as before, the highest proportion belonged to the "behaviour disorder" group.

During the period in question there was an increase in the referral of children under five years of age, whilst the 5-10 year group was the highest, instead of the 10-15 year group as was the case in the previous period.

The percentage of "adjusted" cases increased with the age of the children, ranging from 15% in the under seven year olds to 23% in those over eleven years.

When comparisons were made on an Intelligence Quotient basis, it was found that of those with an I.Q. of under 85, 11% were "adjusted"; of those from 85 to 125, 20%; and of those over 125, 23%.

It should be noted that all figures and percentages refer to the period 1st April 1946, to 31st March, 1947.

EDUCATIONALLY SUB-NORMAL CHILDREN.

The problem of handicapped children is probably the one which presents the greatest difficulty in solving.

In the first place, this class covers a very wide range of mental defect ; from the child who is, according to the old definition, merely “ dull and/or backward,” to the one whose mental deficiency is certifiable under the Act.

As the grade of intelligence decreases so the work of ascertainment increases, and specialised medical officers are needed. In this County the number of cases on the waiting list for intelligence testing far outweigh the ime of the officers at present available.

The following is a table showing the results of the Special Survey of Handicapped Children made in 1946 :—

EDUCATIONALLY SUB-NORMAL CHILDREN.			
Total number.	(A) Considered to be capable of receiving education in an ordinary class in an ordinary school.	(B) Considered to need education in a special class in an ordinary school.	(C) Considered to need education in a special school.
886	350	536	

(N.B.—The figures for (B) and (C) were not kept separate as only the total number was required by the Ministry of Education.)

In Group (A) ascertainment is comparatively simple, and the majority of the “ dull and/or backward ” cases are, usually, quite capable of becoming useful members of society. An *educationally* slightly sub-normal child is, in fact, very far from being necessarily handicapped in adult life and work.

Group (B) presents a bigger problem ; in the first place, the number requiring such education at schools in a largely rural area would not be sufficient to form a class at each school, and, secondly, they would not, therefore, warrant the services of a specialised teacher at each school.

The solution might be in centralised classes, but the question of transport, perhaps over fairly long distances, would then have to be considered.

Here the solution is probably national, but something can be done to alleviate the position by the establishment of local Special Schools. This is, in fact, now under consideration by the Committee.

The question of mentally sub-normal children and adults is one of the greatest problems now facing the School and Public Health Authorities to-day, and one feels that, so far, only the very fringe of the matter has been touched.

The main, and final, object must be the careful division of all cases into narrow categories of deficiency ; thus enabling the higher grades to receive such education as they are capable of assimilating unhampered by the lower, whose main occupation would be, probably, of a play nature rather than educational.

The question of dealing with the “ educationally sub-normal pupil ” is very difficult at the present time, chiefly owing to lack of staff and suitable accommodation. It is practically impossible to obtain vacancies in the existing residential Special Schools and, consequently, there is a long waiting list.

NURSERY SCHOOLS.

Nursery Schools, which came into existence in the form of Day Nurseries during the war, were taken over by the Education Committee in those places where they were considered necessary as from 1st April, 1946, and these schools now rank with the maintained primary schools for all purposes covered by the Act.

An Assistant Medical Officer periodically visits and medically inspects the children. The same forms and sources of treatment are available, if the parents so desire, as for school children over five years of age.

The following table shows the number of inspections (each school was visited more than once during the year) and the results :—

Total number of Inspections.	Number found to be suffering from :—			Number with other defects.	Total number of defects.
	Verminous conditions.	Defective vision.	“ Tonsils and adenoids ” (for operation).		
233	4	5	5	66	80

“ EVACUATION.”

The day when hundreds of children poured out from the evacuation areas into the adjoining counties now seems very far distant and the problems arising, which were complicated and legion, gradually, over the course of time, faded into normality.

Evacuation, which was a necessary, although unfortunate evil, did prove to have good as well as bad points. The health and nutrition of the majority of the children concerned improved considerably during their stay in the country, and the bringing of city children into contact with country life, often for the first time, brought marked benefits. Many children returned to the towns with a widened and freshened outlook on life. It was a return which, in numerous instances, was made very reluctantly ; a reluctance shared alike by both the children themselves and the country folk who for several years had painstakingly cared for them.

The most gratifying thing of all is that many children, orphaned by enemy action or deserted by their parents, found, through evacuation, loving and good homes which in other circumstances might never have come their way.

All the children remaining in the County at 31st March, 1946, when Evacuation officially ended, had by then been taken into the local schools and thereafter were treated in all respects as Berkshire children.

SECONDARY SCHOOLS.

The Assistant School Medical Officers examine the children in attendance at the Authority's schools for secondary education and the schools are visited each term. All new entrants, all pupils over the age of 12 years, and all children found to be abnormal at a previous inspection, are examined.

Parents are invited to attend all inspections and it is found that they are usually eager to follow the Assistant School Medical Officer's recommendations regarding treatment.

Children in attendance at secondary schools receive treatment at ophthalmic, orthopaedic, orthoptic, and dental clinics.

The following schools were inspected :—

Abingdon, Roysse's Boys' School.
 Bracknell, Ranelagh School (Boys' and Girls').
 Earley, Woodley Hill Grammar (Boys').
 Faringdon County Girls' School
 Maidenhead County Boys' School.
 Maidenhead County Girls' School.
 Newbury County Girls' School.
 Newbury Grammar Boys' School.
 Wallingford County Grammar School (Boys' and Girls').
 Wantage, King Alfred's School (Boys').
 Windsor County Boys' School.
 Windsor County Girls' School.
 Wokingham County Girls' School.

All numbers with regard to medical and dental inspection and treatment are now included in the figures given in the tables at the end of this report.

The majority of defects found were due to defective vision and minor orthopaedic defects.

Minor orthopaedic defects were referred to the clinics and, at the same time, the attention of the physical training instructor was drawn to the matter.

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TABLE 1.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1946.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants (5-7 years)	...	...	...	...	...	...	3,064
Second Age Group (8 years)	...	...	...	...	...	...	2,503
Third Age Group (12-15 years)	...	...	...	...	...	...	4,513
Total	...	...	...	...	...	...	10,080
Number of other Periodic Inspections (9-11 years)	...	...	...	...	...	...	1,796
Grand Total	...	...	...	...	...	...	11,876

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	1,069
Number of Re-inspections	...	...	...	...	...	...	81
Total	...	...	...	...	...	...	1,150

C. NUMBER OF INDIVIDUAL CHILDREN FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table 2.	Total.
Entrants	72	356	428
Second Age Group	86	245	331
Third Age Group	103	268	371
Total (Prescribed Groups) ...	261	869	1,130
Other Periodic Inspections	88	148	236
Grand Total	349	1,017	1,366

TABLE 2.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1946.

Defect or Disease.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)			
Skin {	Ringworm { Scalp	—	—	—			
	{ Body	3	—	—			
	Scabies	18	—	2			
	Impetigo	31	1	5			
	Other Diseases (non-Tuberculous)	108	14	13			
Eye {	Blepharitis	11	16	1			
	Conjunctivitis	2	1	3			
	Keratitis	1	—	—			
	Corneal Opacities	—	—	1			
	Other conditions (excluding Defective Vision and Squint)	11	2	2			
	Defective Vision (excluding Squint)	349	393	58			
Ear {	Squint	58	68	9			
	Defective Hearing	37	42	18			
	Otitis Media	15	28	4			
	Other Ear Diseases	23	6	4			
	Chronic Tonsilitis only	44	213	17			
Nose and Throat {	Adenoids only	23	52	8			
	Chronic Tonsilitis and Adenoids	327	204	71			
	Other conditions	16	46	4			
	Enlarged Cervical Glands (non-Tuberculous)	6	144	5			
Defective Speech		7	32	3			
Heart and Circulation {	Heart { Organic	18	34	—			
	{ Functional	—	32	—			
	Anaemia	9	49	1			
Lungs {	Bronchitis	10	35	5			
	Other non-Tuberculous Diseases	15	123	4			
Tuberculosis {	Pulmonary : Definite	—	1	—			
	Suspected	11	2	4			
	Non-Pulmonary : Glands	9	1	3			
	Bones and Joints	—	—	—			
	Skin	—	—	—			
	Other forms	2	—	1			
	Epilepsy	4	13	3			
Nervous System {	Chorea	3	1	3			
	Other conditions	15	44	11			
	Rickets	—	3	—			
Deformities {	Spinal Curvature	20	77	12			
	Other forms	88	211	13			
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		272	261	65			
Total number of Defects ...		1,566	2,149	353			

TABLE 3.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1946.
Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-ray Treatment	5	—	5
(ii) Other	—	—	—
Ringworm-Body	—	—	—
Scabies	205	—	205
Impetigo	554	—	554
Other Skin Disease	40	—	40
<i>Minor Eye Defects</i> (external and other, but excluding cases falling in Group II) ...	62	—	62
<i>Minor Ear Defects</i>	62	—	62
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.	193	—	193
Total	1,121	—	1,121

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Disease or Defect. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ...	2,208	—	2,208
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	23	—	23
Total	2,231	—	2,231
No. of children for whom spectacles were :—			
(a) Prescribed	923	—	923
(b) Obtained	923	—	923

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
373	—	373	48	421

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	
Number of children treated	38	—	—	—	—	108	146

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946.

Child.	Age in years.	Condition.	Institution.	Admitted.
BLIND.				
M.A.B., boy ...	13	Blind	Royal Institution for the Blind, Birmingham.	1. 3.39 (Discharged 12.4.46)
M.P.S., girl ...	12	Do.	School for the Blind, Swiss Cottage, London.	17. 4.39
M.E.F., girl ...	20	Do.	Chorleywood College for Girls with Little or No Sight, Chorleywood.	3. 5.39
B.J.N., boy ...	10	Do.	School for the Blind, Dorton House, Dorton, Aylesbury.	12.10.42
A.E.M.F., girl ...	16	Partially Blind	West of England Institution for the Blind, Exteer	12. 1.44 (Discharged 19.12.46)
S.M.R.W., girl ...	11	Blind	Do.	12. 1.44
K.M.L., girl ...	15	Do.	Royal School of Industry for the Blind, Westbury-on-Trym, Bristol.	26. 4.45
R.L.S., boy ...	7	Do.	Brighton School for Blind Boys, Brighton.	30. 4.46
P.K., boy ...	13	Do.	Daisy Hill Partially Blind School, Bradford.	Liability for maintenance taken over from Bradford L.E.A. 24.9.46
J.M.R., girl ...	8	Do.	Barclay School for Partially Sighted, Little Paddocks, Sunninghill.	28. 9.46
B.C.H., boy ...	5	Do.	National Institution for the Blind, Sunshine House, Leamington Spa.	21.10.46
DEAF AND DUMB.				
M.O.C., girl ...	15	Deaf and Dumb	Royal School for Deaf and Dumb Children, Margate.	6. 1.36
E.R.L., girl ...	14	Do.	Do.	7. 5.36
I.J.C., boy ...	15	Do.	Do.	7. 9.36
M.C., girl ...	14	Do.	Do.	12. 4.37
L.J., girl ...	13	Do.	Do.	10. 1.38
D.F.J.S., boy ...	14	Do.	Do.	25. 4.38 (Liability for maintenance taken over by Kent L.E.A. 23.12.46)
G.A.B., girl ...	11	Do.	Do.	6. 2.39
J.W.F., boy ...	16	Do.	Do.	11. 9.39 (Discharged 25.7.46)
C.M.N., girl ...	11	Do.	Do.	15. 4.40
D.Y., girl ...	13	Do.	Do.	Liability for maintenance taken over from Southend L.E.A. 1.1.41

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued.*

Child.	Age in years.	Condition.	Institution.	Admitted.
DEAF AND DUMB— <i>continued.</i>				
J.L.J., boy ...	11	Deaf and Dumb	Royal West of England Residential School for the Deaf, Exeter.	29. 4.41
S.M.B., girl ...	11	Do.	Royal School for Deaf and Dumb Children, Margate.	Liability for maintenance taken over from Surrey L.E.A. 15.9.41
M.R.P., boy ...	10	Do.	Royal West of England Residential School for the Deaf, Exeter.	2. 2.42
J.G.B., girl ...	12	Do.	Do.	5. 5.43
R.N.E.H.C., boy	6	Do.	Yorkshire Residential School for the Deaf, Doncaster.	25. 4.44
Y.G., girl ...	13	Do.	Oak Lodge Residential Deaf School, London.	Liability for maintenance taken over from London County Council 24.3.45
L.E.M.D., girl ...	7	Do.	St. John's Institution for Deaf and Dumb, Boston Spa.	30. 1.46
EPILEPTIC.				
P.J., girl ...	16	Epileptic	Epileptic Colony, Chalfont St. Peter, Bucks.	1. 4.40 (Discharged 18.4.46)
I.D.W., girl ...	15	Do.	Do.	21. 4.44
T.J.S., boy ...	7	Do.	St. Elizabeth's Home for Epileptics, Much Hadden, Herts.	28.10.44
B.S.L., boy ...	9	Do.	Maghull Homes for Epileptics, Liverpool.	Liability for maintenance taken over from Lincolnshire (parts of Lindsay) L.E.A. 31.7.45
D.F.M., girl ...	12	Do.	Epileptic Colony, Lingfield.	21.12.45
HEART.				
M.H., girl ...	10	Heart	Cheyne Hospital for Children, Cheyne Walk, Chelsea.	22. 6.44 (Discharged 15.7.46)
A.H., boy ...	12	Do.	Children's Heart Homes, Lancing, Sussex.	10. 6.45
M.E.P., girl ...	14	Do.	Do.	24. 7.45
J.A., girl ...	14	Do.	Do.	24. 7.45 (Discharged 31.1.46)

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued.*

Child.	Age in years.	Condition.	Institution.	Admitted.
HEART— <i>continued.</i>				
D.R.G.H., boy	8	Heart	Children's Hospital, Cold Ash.	5.10.45
R.B., boy ...	12	Sub-acute rheumatic fever with slight chorea and carditis.	Do.	7. 3.46 (Discharged 25.7.46)
M.E., boy ...	13	Rheumatic heart	Do.	21. 5.46 (Discharged 31.7.46)
MENTALLY DEFECTIVE.				
D.M.C., girl ...	17	Feeble-minded	Monyhull Residential Colony for Mental Defectives, King's Heath, Birmingham.	24. 4.42
E.C., girl ...	13	Do.	Lankhill Special School, Winchester.	7. 9.43
W.B.D., girl ...	13	Do.	Monyhull Residential Colony for Mental Defectives, King's Heath, Birmingham.	22. 3.45
J.W.J., boy ...	15	Do.	Beacon School, Lichfield, Staffs.	Liability for maintenance taken over from Wilts L.E.A. 29.11.45
MISCELLANEOUS.				
J.N.S., boy ...	8	Defective Speech	Bicton Croft School, Godalming, Surrey.	24. 9.45
E.A.H., girl ...	8	Bronchial Asthma	Children's Hospital, Cold Ash.	9.10.45 (Discharged 20.4.46)
J.A.E.E., girl ...	13	Debility	Invalid Children's Aid Association, Seaside Home, Exmouth.	14.12.45 (Discharged 25.1.46)
G.H., girl ...	8	Bronchiectasis	Invalid Children's Aid Hospital, Ottershaw.	4. 1.46 (Discharged 23.8.46)
A.R., boy ...	11	Maladjusted	Bicton Croft School, Godalming.	21. 1.46
H.H., girl ...	8	Debility	Convalescent Home, Beech Hill.	13. 4.46 (Discharged 22.7.46)
O.A.P., girl ...	9	Residual weakness of knee.	St. Vincent's Open-Air School, St. Leonard's-on-Sea.	15. 4.46
M.B., boy ...	11	Acute rheumatism.	St. John's Open-Air School for Boys, Woodford Bridge.	26. 4.46
P.H., girl ...	5	Synovitis of knee and ankle	Churchill Hospital, Headington.	3. 5.46 (Discharged 13.5.46)

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued*.

Child.	Age in years.	Condition.	Institution.	Admitted.
MISCELLANEOUS— <i>continued</i> .				
R.C., boy ...	10	Hernia	Convalescent Home, Beech Hill.	15. 5.46 (Discharged 5.6.46)
D.G., girl ...	9	Migraine	Do.	20. 5.46 (Discharged 2.6.46)
P.J., boy ...	5	Debility	Do.	22. 5.46 (Discharged 21.7.46)
E.V.P., girl ...	9	Appendicitis	Do.	1. 7.46 (Discharged 29.7.46)
D.B., girl ...	10	Tonsillectomy	Convalescent Home, Swindon.	18. 7.46
E.W., girl ...	14	Appendix abscess	Royal Surrey County Hospital, Guildford.	18. 7.46
B.C., girl ...	8	Delicate	Convalescent Home, Beech Hill.	22. 7.64. (Discharged 6.9.46)
J.C., girl ...	11	Septic leg	Emergency Hospital, Slough.	30. 7.46 (Discharged 5.8.46)
J.P.F., boy ...	6	Double mastoid	Convalescent Home, Beech Hill.	2. 8.46 (Discharged 11.9.46)
R.A., boy ...	7	Henoch's purpura	Do.	11. 8.46 (Discharged 17.11.46)
A.J.B., boy ...	8	Non-tubercular bronchitis	Do.	13. 8.46 (Discharged 11.9.46)
D.B., boy ...	8	Mastoidectomy	Do.	14. 8.46 (Discharged 2.10.46)
P.E., girl ...	6	Nervous debility	Do.	5. 9.46 (Discharged 24.10.46)
M.L., girl ...	6	Glands	Do.	9. 9.46 (Discharged 30.9.46)
A.C., girl ...	8	Maladjusted	Caldecott Community, Hyde Heath, Wareham	18. 9.46
A.H., girl ...	6	Asthma	Convalescent Home, Beech Hill.	8.10.46
J.B., boy ...	7	Do.	Do.	31.10.46 (Discharged 28.11.46)
H.O.W., girl ...	3	Spinal bifida	Do.	31.10.46
R.W.Y., boy ...	7	Bronchiectasis	Winifred House, Barnet	5.11.46
L.J., boy ...	8	Maladjusted	Pound Croft Hostel, East Hanney.	18.11.46
M.M.A., girl ...	13	Persistent corneal ulcers.	White Oaks Hospital, Swanley.	2.12.46

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued.*

Child.	Age in years.	Condition.	Institution.	Admitted.
MISCELLANEOUS— <i>continued.</i>				
B.A.W., boy ...	4	Acute appendicitis	Convalescent Home, Beech Hill.	6.12.46
PHYSICALLY DEFECTIVE.				
C.M.H., girl ...	7	Dislocation of hip	St. Vincent's Orthopaedic Hospital, North Wood Hills, near Pinner.	Liability for maintenance taken over from M. & C.W. Committee 20.1.44 (Discharged 17.11.46)
A.S., boy ...	10	Elongation T.A. both legs.	National Children's Home, Chipping Norton.	24. 8.44
M.H., girl ...	14	Tubercular spine	Rob Roy Residential School, Speldhurst.	15. 2.45 (transferred to Wingfield-Morris Orthopaedic Hospital 12.4.46. Discharged 8.5.46 Re-admitted 8.5.46)
R.E.S., girl ...	11	Dislocation of hip	Wingfield-Morris Orthopaedic Hospital, Headington.	3. 4.45 (transferred to Children's Hospital, Cold Ash, 29.5.45)
J.M.H., girl ...	16	Scoliosis	Do.	25. 4.46 (Discharged 4.8.46)
D.W., boy ...	9	Perthe's disease	Do.	28. 5.45
D.J.S., boy ...	6	Do.	Do.	Liability for maintenance taken over from M. & C.W. Committee 29.6.45
L.S.D., boy ...	16	Flat feet	Do.	11. 7.45
R.S.G., boy ...	15	Spinal curvature	Do.	3. 9.45 (Discharged 12.6.46) Re-admitted 28.11.46
R.R.B., boy ...	16	Fractured elbow	Do.	7. 9.45
B.P., girl ...	10	Osteomyelitis	Do.	10. 9.45 (transferred to Children's Hospital, Cold Ash, 4.12.45) (Discharged 6.3.46)
G.K.E.S., boy ...	6	Perthe's disease	Do.	21. 9.45 (Discharged 28.3.46)
B.J.M., girl ...	6	Dislocation of hips	Do.	Liability for maintenance taken over from M. & C.W. Committee 28.9.45

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued.*

Child.	Age in years.	Condition.	Institution.	Admitted.
PHYSICALLY DEFECTIVE— <i>continued.</i>				
M.S., girl ...	7	Osteomyelitis	Wingfield-Morris Orthopaedic Hospital, Headington.	Liability for maintenance taken over from Hants L.E.A. 8.10.45 (transferred to Children's Hospital, Cold Ash, 23.10.45. Discharged 17.6.46). Re-admitted 17.6.46
J.A.A., girl ...	11	Compound palmar ganglion	Do.	26.10.45
A.H.G.S., boy ...	15	Anterior poliomyelitis	Do.	7.11.45
R.S., boy ...	13	Osteomyelitis of femur	Do.	6.12.45 (Discharged 1.2.46)
S.H., girl ...	12	Deformed toe	Do.	28.12.45 (Discharged 30.1.46)
A.J.B., boy ...	12	Investigation of index finger	Do.	1. 1.46 (Discharged 15.1.46)
W.S., boy ...	9	Infantile paralysis of legs	Do.	15. 1.46
K.L.J., boy ...	6	Perthe's disease	Do.	22. 1.46 (Discharged 1.5.46). Re-admitted 23.5.46. (Discharged 23.12.46)
D.S., girl ...	13	Scoliosis of lumbar and dorsal spine	Do.	4. 2.46 (Discharged 14.2.46)
G.W.B., boy ...	5	Cystic disease of tibia	Children's Hosptail, Cold Ash.	Liability for maintenance taken over from M. & C.W. Committee 4.3.46 (transferred to Wingfield-Morris Orthopaedic Hospital, 15.10.46)
R.J.H., boy ...	16	Infantile paralysis	Lord Mayor Treloar's Cripples' Hospital, Alton.	29. 4.46.
C.B., boy ...	10	Dislocated elbow	Torbay Hospital, Torquay	26. 5.46
J.W., boy ...	11	Lumbar curvature	Wingfield-Morris Orthopaedic Hospital, Headington.	6. 6.46 (Discharged 5.9.46)
K.D., boy ...	13	Slipped epiphysis	Do.	25. 6.46 (Discharged 27.6.46)

CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS DURING 1946—*continued.*

Child.	Age in years.	Condition.	Institution.	Admitted.
PHYSICALLY DEFECTIVE— <i>continued.</i>				
J.R.S., boy ...	10	Cerebral-palsy	Wingfield-Morris Orthopaedic Hospital, Headington.	27. 6.46 (Discharged 6.7.46)
R.T., girl ...	5	Bilateral dislocation of hips	Do.	2. 7.46 (Discharged 13.9.46). Re-admitted 27.9.46 (transferred to Children's Hospital, Cold Ash, 15.10.46).
T.H.T.G., boy ...	9	Infantile paralysis	Do.	15. 7.46 (Discharged 4.9.46)
J.A.R., girl ...	13	Hallux valgus	Do.	13. 8.46 (Discharged 27.9.46)
F.S., boy ...	11	Perthe's disease	Do.	25. 8.46 (Discharged 25.11.46)
J.P.F., girl ...	14	Pes cavus	Do.	29. 8.46 (Discharged 30.9.46)
L.B., boy ...	9	Do.	Do.	20.9.46
R.A.S., girl ...	9	Osteomyelitis of femur	Do.	2.10.46
E.F.H., boy ...	14	Nerve injury to arm	Do.	19.10.46
D.F.B., girl ...	9	Deformed feet	Do.	29.10.46 (Discharged 19.12.46)
L.R.W.W., boy	16	Investigation of knee	Do.	30.10.46 (Discharged 11.11.46)
M.A.K., girl ...	13	Injury to median nerve	Do.	11.11.46 (Discharged 13.11.46)
E.H., girl ...	5	Synovitis of knee and ankle	Do.	14.11.46 (Discharged 23.12.46)
K.L.S., girl ...	7	Equinus deformity	Do.	14.11.46 (Discharged 15.12.46)
S.G., boy ...	7	Deformity of toe	Do.	13.12.46 (Discharged 24.12.46)
M.L., boy ...	5	Spastic paraplegia	Do.	28.12.46 (Discharged 30.12.46)
E.W., boy ...	9	Club feet	Do.	28.12.46 (Discharged 30.12.46)
J.E., girl ...	11	Deformed feet	Do.	30.12.46
A.J., boy ...	6	Cavo-varus of foot	Do.	30.12.46
M.B., girl ...	17	Anterior poliomyelitis	Do.	31.12.46

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